

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>		Work Assignment Number 2-05	
		<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:	
Contract Number EP-D-14-031		Contract Period   10/01/2014   To   09/30/2017 Base                      Option Period Number    2	
Contractor INDUSTRIAL ECONOMICS, INCORPORATED		Title of Work Assignment/SF Site Name Support for CPPD	
Specify Section and paragraph of Contract SOW			
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance  From   10/01/2016   To   09/30/2017	
Comments: THE PURPOSE OF THIS ACTION IS TO APPROVE THE CONTRACTOR'S WORK PLAN AND BUDGET DATED OCTOBER 20, 2016 FOR A NOT TO EXCEED AMOUNT OF \$54,239.11 AND 438 LOE HOURS. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. THIS WORK DOES NOT DUPLICATE ANY WORK PREVIOUSLY APPROVED UNDER MY AUTHORITY.			
<input type="checkbox"/> Superfund		Accounting and Appropriations Data	
		<input checked="" type="checkbox"/> Non-Superfund	
Note: To report additional accounting and appropriations data use EPA Form 1900-69A.			
SFO (Max 2) <input type="checkbox"/>			
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)
			Budget Org/Code (Max 7)
			Program Element (Max 9)
			Object Class (Max 4)
			Amount (Dollars)
			(Cents)
			Site/Project (Max 8)
			Cost Org/Code
1			
2			
3			
4			
5			
Authorized Work Assignment Ceiling			
Contract Period:		Cost/Fee: \$0.00	LOE: 0
10/01/2014 To 09/30/2017			
This Action:		\$54,239.11	438
Total:		\$0.00	0
Work Plan / Cost Estimate Approvals			
Contractor WP Dated: 10/20/2016		Cost/Fee \$54,239.11	LOE: 438
Cumulative Approved:		Cost/Fee \$0.00	LOE: 0
Work Assignment Manager Name   Emma Zinsmeister		Branch/Mail Code:	
_____ (Signature)                      (Date)		Phone Number: 202-343-9043	
		FAX Number:	
Project Officer Name   Lorraine Reddick		Branch/Mail Code:	
_____ (Signature)                      (Date)		Phone Number: 202-564-1293	
		FAX Number:	
Other Agency Official Name		Branch/Mail Code:	
_____ (Signature)                      (Date)		Phone Number:	
		FAX Number:	
Contracting Official Name		Branch/Mail Code:	
_____ (Signature)                      11-16-16		Phone Number: 919-541-3564	
		FAX Number:	